

RETURN COMPLETED PLAN TO:

1. Arizona Emergency Response Commission
2. Local Emergency Planning Committee
3. Fire Department/District with Jurisdiction

**EMERGENCY RESPONSE PLAN QUESTIONNAIRE**

1. Facility Name: \_\_\_\_\_  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (Zip) (County)

Note: If street address is not available enter physical location, e.g., 1/4 mile south of Smith Highway on Jones Road.

- 2a. Facility ( ) is ( ) is not on Indian Land  
2b. Name and Address of Indian Nation, if applicable:

\_\_\_\_\_  
\_\_\_\_\_

3. Facility Emergency Coordinator:

A. Name: \_\_\_\_\_  
B. Title/Position: \_\_\_\_\_  
C. Telephone: Business \_\_\_\_\_ 24 Hour \_\_\_\_\_

4. Alternate Facility Emergency Coordinator:

A. Name: \_\_\_\_\_  
B. Title/Position: \_\_\_\_\_  
C. Telephone: Business \_\_\_\_\_ 24 Hour \_\_\_\_\_

5. Fire Department/District having jurisdiction: \_\_\_\_\_

\_\_\_\_\_

Note: Please confirm this before entering

6. Provide a brief description of the product(s) or service(s) provided at this facility. Include how extremely hazardous substances are used, e.g., Jones Gear, Inc. is a fabricator of precise machined metal components for the aerospace industry. Extremely hazardous substances stored on-site are used to treat the surface of metal as it is turned into a final product.

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7. Days of the week in operation (e.g. Monday through Friday)

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8. Hours of operation (e.g. 8:00 a.m. to 5:00 p.m.)

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9. Number of personnel for: day shift \_\_\_\_\_

swing shift \_\_\_\_\_

night shift \_\_\_\_\_

Note: Include office staff and other support personnel during each shift.

10. Hazardous materials clean-up and disposal assistance (check one and complete specified information when applicable).

A. \_\_\_\_\_ No pre-arrangements made

B. \_\_\_\_\_ Pre-arrangements made with:

Company Name: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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11. Briefly specify the in-house emergency response procedures to be used in the event of an imminent or accidental reportable release of an extremely hazardous substance (EHS), to safeguard the public health, safety, welfare and the environment to the maximum extent practicable.

Include:

- A. On-site response capabilities and levels of training commensurate with 29 CFR 1910.120, as applicable, to include personnel involved and actions to be taken.
- B. Identification of emergency units on or in close proximity to the facility to include fire, emergency medical and law enforcement.
- C. Planned notification procedures: on-site personnel and response agencies and off site-site response and regulatory agencies. Address both on-site/off-site alarms, sirens/horns etc., for personnel notification.
- D. Evacuation plans to include routes, assembly areas and personnel accounting procedures.



14. Describe technical expertise (e.g., chemist, engineer, industrial hygienist, etc.) you would make available to public agencies in the event of an EHS release from your facility. List titles and the type of expertise. Names/ phone numbers are not required. If none check here: \_\_\_\_

Note: This information will assist local emergency agencies. Contact, if required, will be through the Facility Emergency Coordinator.

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15. Indicate all internal electronic communications systems to be used by facility personnel in an emergency situation.

Phone: \_\_\_\_\_ Intercom: \_\_\_\_\_

Two-way Radio: \_\_\_\_\_

Frequencies: Primary \_\_\_\_\_ Alternate \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

16. Please specify the general property use of sites contiguous to your facility.

For purposes of this questionnaire, the term "contiguous" means "directly adjacent to and within approximately one-quarter mile of the property line in the indicated direction." It is likely that along one property line there may be multiple uses of the land. Please list all major uses of the land within the definition (i.e., mixed residential/commercial or residential/light industry or apartments/residential or vacant land/residential, etc.).

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

17. Indicate the type of operations involving EHS(s). Check all applicable categories.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hydraulic Equipment          | <input type="checkbox"/> Dust Collectors    | <input type="checkbox"/> Drying Rooms        |
| <input type="checkbox"/> Pickling or Garnetting       | <input type="checkbox"/> Electro Plating    | <input type="checkbox"/> Flow Coaters        |
| <input type="checkbox"/> Magnesium Processing         | <input type="checkbox"/> Spray Painting     | <input type="checkbox"/> Dip Tanks           |
| <input type="checkbox"/> Molten Salt Baths            | <input type="checkbox"/> Ovens, Process     | <input type="checkbox"/> Baler or Shredder   |
| <input type="checkbox"/> Fiberglass Operations        | <input type="checkbox"/> Welding/Cutting    | <input type="checkbox"/> Dry Cleaning        |
| <input type="checkbox"/> Above Ground Tanks           | <input type="checkbox"/> Under Ground Tanks | <input type="checkbox"/> Cryogenic Gas       |
| <input type="checkbox"/> Compressed Gas               | <input type="checkbox"/> Liquified Gas      | <input type="checkbox"/> Laboratory Chemical |
| <input type="checkbox"/> Combustible Metal Processing |   | <input type="checkbox"/> Others (Next Page)  |

Other \_\_\_\_\_

\_\_\_\_\_

18. List fixed and/or portable chemical detection equipment (if any) available for monitoring releases of extremely hazardous substances e.g., combustible gas analyzers, oxygen meters and fixed monitoring systems.

ITEM

GENERAL USE

FIXED OR PORTABLE

19. List facility emergency equipment and supplies for use in the event of an unplanned release of EHS. Use the format shown below:

Note: Include spill kits, self-contained breathing apparatus (SCBA), absorbent pillows, fire fighting equipment, foam, etc.

<u>ITEM</u>	<u>GENERAL USE</u>	<u>TYPICAL QUANTITY ON HAND</u>
e.g. absorbent pillows	solvent spills	5-20 lb bags; 1 case

20. Provide a legible site map (8-1/2" X 11") of your facility showing locations of building, general area of storage, EHS storage locations, and roadway entrances to include street names. Large facilities on multiple sites or multiple areas may choose to use more than one map to show all applicable information requested.

This document, when properly completed, meets the requirements of Arizona Revised Statutes 26-347. It will be reviewed annually by the facility coordinator. The capability to execute the plan on the request of the Arizona Emergency Response Commission or the Local Emergency Planning Committee can be demonstrated. In preparing this plan, the coordinator has consulted with the local emergency planning committee and other emergency and health professionals to assure maximum coordination with those whose cooperation or services may be required in the event of a reportable release.

The information provided herein is as accurate and complete as possible.

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Complete a hazard analysis worksheet (page 9) for each Extremely Hazardous Substance on-site at any one time at or above the threshold planning quantity.



## HAZARD ANALYSIS WORKSHEET

Complete for each Extremely Hazardous Substance (EHS) that is on-site at or above the threshold planning quantity.

1. Chemical Name \_\_\_\_\_

2. Chemical Abstract Service (CAS) Number \_\_\_\_\_

3. Anticipated chemical physical property during:

Normal Use:                      Solid \_\_\_\_              Liquid \_\_\_\_              Gas \_\_\_\_

Unplanned Release:              Solid \_\_\_\_              Liquid \_\_\_\_              Gas \_\_\_\_

Mixture Percentage: (if applicable) \_\_\_\_\_

If the Extremely Hazardous Substance (EHS) is a component in a mixture enter the weight percentage or the range of weight percentages for multiple mixtures of the EHS (e.g., 10% arsenic or 2-98% sulfuric acid).

Note: If the EHS is stored as a liquid, is the temperature above ambient temperature? Yes \_\_\_\_  
No \_\_\_\_; near boiling? Yes \_\_\_\_ No \_\_\_\_

In general what is the temperature of the EHS?

\_\_\_\_\_

Is there a dike under the container of liquid or molten solid? Yes \_\_\_\_ No \_\_\_\_; If so, what is the area (in square feet) of the diked area? \_\_\_\_\_

4. List the largest amount of EHS in a single container or vessel or group of interconnected vessels.

\_\_\_\_\_ Pounds

List only the actual weight of the extremely hazardous substance (EHS) in the single largest container or interconnected group of containers at your facility. Keep in mind that for mixtures or solutions use only the weight of the actual EHS. If the EHS is a liquid or gas, conversion data to pounds may be found on the material safety data sheet (MSDS) for the EHS or by contacting the vendor.

5. Identify additional engineering controls, safeguards and/or actions taken by the facility which could decrease the risk associated with the worst case scenario involving this EHS. Examples: written procedures, alarm systems, building/fire code compliance, etc.